



Demographic and Clinical Characteristics of Children in Foster Care Receiving System-of-Care Services

Introduction

The purpose of this study was to gain a comprehensive picture of the demographic and clinical characteristics of children in foster care at entry into system-of-care services, as compared to children who are not in foster care. Worldwide, about 20% of children and adolescents are estimated to suffer from emotional and behavioral disorders, and the proportion of children in foster care with serious emotional and behavioral disorders is estimated to be much higher, at 85% (Austin, 2004). All children who enter system-of-care programs have severe emotional and behavioral disorders. But due to experiencing certain traumatic events such as abuse or neglect, loss of family, domestic violence, and substance abuse, children in foster care may exhibit severe symptoms when compared to the non-foster care group within the system-of-care program.

It is important to compare these groups to understand the characteristics that are unique to children in foster care and to determine whether there are differences in service utilization and outcomes between these groups of children. The findings have important implications for treatment development and service planning for this vulnerable population of children and youth. The focus of this *EvalBrief* is on describing the characteristics of children and youth in foster care. A future *EvalBrief* will

Study Highlights

- ▶ *Children in foster care were more likely to report child risk and family risk factors and were more likely to be diagnosed with post-traumatic stress and adjustment disorders.*
- ▶ *At entry into systems of care, there were no significant differences between foster care and non-foster care groups on clinical characteristics such as behavioral and emotional problems and strengths. However, children in foster care more frequently reported a history of physical and sexual abuse and of running away than children in non-foster care.*
- ▶ *Children in foster care present with many complex challenges that may necessitate the provision of specific services and support systems in systems of care that are geared to the needs of children in foster care.*

report on outcomes associated with these children and youth.

Data Sources

Data used in this study were collected as part of the national evaluation between 1997 and 2003 from 45 communities initially funded between 1997 and 2000. A subset of the children participating in these communities had histories that included foster care placement and custody status. A total of 4,099 of these children, with complete data on custody, foster care placement, and demographic and clinical variables (reported in this study) were included within this current study sample; out of this, 202 of the children (a) had a foster care placement in the 6 months prior to intake, or (b) were in the custody of a foster parent 6 months prior to intake, and 3,897 of these children had no foster care placement in the 6 months prior to intake or were not in the

custody of a foster parent 6 months prior to intake.

Sources of data for this study include descriptive data from the Descriptive Information Questionnaire, as well as *DSM-IV* diagnoses (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*; American Psychiatric Association, 1994). Statistical analyses were conducted to test differences between both groups of children. Chi-square tests were used to test group differences across the dichotomous variables (such as gender), and *t*-test analyses were used to compare group averages across continuous measures.

Findings

Demographic Characteristics

Table 1 presents the demographic characteristics of children in foster and non-foster care. Both

Table 1
Demographic Characteristics

Characteristics of Children in Foster Care and Children in Non-Foster Care at Entry Into Systems of Care	Children in Foster Care (n = 202)	Children in Non-Foster Care (n = 3,897)	Statistical Comparison
Average Age ^a	11.6	12.1	$t = 2.18, df = 3, p < .05$
Female ^a	44.6%	31.2%	$\chi^2 = 15.8, df = 1, p < .01$
Family Poverty Level (Income < \$15,000/yr)	44.1%	48.6%	$\chi^2 = 1.55, df = 1, p > .05$
American Indian or Alaska Native	6.9%	5.3%	$\chi^2 = 0.98, df = 1, p > .05$
Asian	1.0%	0.5%	$\chi^2 = 0.70, df = 1, p > .05$
African-American	21.8%	27.5%	$\chi^2 = 3.12, df = 1, p > .05$
Native Hawaiian or Pacific Islander	0.0%	0.4%	$\chi^2 = 0.88, df = 1, p > .05$
White ^a	69.8%	61.6%	$\chi^2 = 5.54, df = 1, p < .05$
Hispanic ^a	6.9%	12.1%	$\chi^2 = 4.97, df = 1, p < .05$
Biracial or Multiracial	9.4%	8.4%	$\chi^2 = 0.23, df = 1, p > .05$
Other ^a	3.0%	1.0%	$\chi^2 = 7.56, df = 1, p < .05$

^a Difference is statistically significant.

Table 2
Statistically Significant Differences Between Groups for Child and Family Behaviors and Risk Factors

Characteristics of Children in Foster Care and Children in Non-Foster Care at Entry Into Systems of Care	Children in Foster Care (n = 202)	Children in Non-Foster Care (n = 3,897)	Statistically Significant Comparisons
DSM–IV Diagnosis			
Mood disorder	25.3%	35.1%	$\chi^2 = 8.24, df = 1, p < .01$
Anxiety disorder	2.5%	5.7%	$\chi^2 = 3.81, df = 1, p = .05$
Adjustment disorder	18.3%	9.8%	$\chi^2 = 15.17, df = 1, p < .01$
Post-traumatic stress disorder	16.3%	8.3%	$\chi^2 = 15.55, df = 1, p < .01$
ADHD	32.7%	41.2%	$\chi^2 = 5.8, df = 1, p < .05$
Other diagnosis	14.9%	6.9%	$\chi^2 = 17.9, df = 1, p < .05$
Child History			
History of physical abuse	49.5%	22.5%	$\chi^2 = 76.9, df = 1, p < .05$
History of sexual abuse	39.1%	20.8%	$\chi^2 = 37.7, df = 1, p < .05$
History of both sexual and physical abuse	27.2%	10.7%	$\chi^2 = 51.7, df = 1, p < .01$
History of running away attempts	39.6%	31.5%	$\chi^2 = 5.83, df = 1, p < .05$
Family History			
History of domestic violence	71.3%	49.0%	$\chi^2 = 38.3, df = 1, p < .01$
Parents convicted of a crime	64.4%	47.5%	$\chi^2 = 21.99, df = 1, p < .01$
Family history of substance abuse	77.7%	63.3%	$\chi^2 = 17.27, df = 1, p < .01$

groups of children differed significantly in age with an average age of 11.6 years for children in foster care versus 12.1 years for children in non-foster care. Although the percentage of males in the two groups was higher overall, there were significantly more girls in foster care than in non-foster care. An examination of the race/ethnicity of children in foster care versus non-foster care indicates that nearly 70% of the children in foster care were from White families, a significantly higher proportion than the non-foster care group (61.6%). About 12% of families in the non-foster care group were Hispanic compared to 6.9% of the foster care group. About 44.1% of children in foster care and 48.6% of children in non-foster care were living below the poverty level, but there were no statistically significant differences between these two groups of children relative to poverty level.

Diagnoses and Child Behavior and Functioning at Entry Into Services

Diagnostic information was collected at entry into services based on the *Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM–IV)*. There were significant differences in diagnoses between the foster and non-foster care groups (see Table 2). Mood and ADHD disorders were more prevalent in the non-foster care group (35.1% and 41.2%, respectively) than the foster care group (25.3% and 32.7%, respectively). Children in foster care were more likely to be diagnosed with adjustment and post-traumatic stress disorders. About 18.3% of children in foster care were diagnosed with adjustment disorder compared to 9.8% of children in non-foster care.

Approximately 16% of children in foster care were diagnosed with post-traumatic stress disorder, while only 8.3% of children in non-foster care received this diagnosis. No statistically significant differences emerged between the foster and non-foster care groups on internalizing and externalizing behavioral problems or in strengths.

Child and Family Risk Factors for Serious Emotional Disturbance

Certain child, family, and environmental factors are often associated with the development of serious emotional and behavioral problems and are indicative of severity and risk. Table 2 provides information about those behaviors and risk factors that differed between both groups of children at a statistically significant level. Overall, in this sample of children, more children in foster care reported a history of physical and sexual abuse and of running away than children in non-foster care. For example, 49.5% of children in foster care were physically abused compared to 22.5% of children in non-foster care (see Table 2). Children with a family history of domestic violence (71.3%), parents convicted of a crime (64.4%), and substance abuse were excessively high in the foster care group compared to 49% history of domestic violence, 47.5% history of parents convicted of a crime, and 63.3% with a family history of substance abuse in the non-foster care group.

Summary

The results of this study indicate that while children in foster care and those in non-foster care may both meet the general criteria for emotional disturbance, the level of severity based on child and family risk factors can differ significantly between groups. At entry into systems of care, children in foster care displayed a greater propensity for a history of child and family risk factors such as physical and sexual abuse, family history of domestic violence, and history of running away. They were also more likely to be diagnosed with adjustment and post-traumatic stress disorders than children in non-foster care.

The demographic information provided within this brief suggest that children in foster care present with many complex challenges which may necessitate the provision of specific services and support systems geared to the needs of these children. Examination of the use of services and outcomes associated with children in foster care should provide additional insights into how this vulnerable population of children can benefit from participation in systems of care. An upcoming *EvalBrief* will present these additional findings.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Austin, L. (2004). Mental health needs of youth in foster care: Challenges and strategies. *The Connection*, 20, 4, 6-8, 13.

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